



NEEBING MINOR HOCKEY ASSOCIATION COACHING APPLICATION

COACH:

Name: _____
 Address: _____ Postal Code _____
 Phone: Home _____ Work _____ Cell _____ Fax _____
 Email Address: _____
 Employer: _____ Occupation: _____

LEVEL APPLYING FOR: (Please identify order of preference if you have more than one choice)

IP _____	Bantam B _____
Novice _____	Bantam A _____
Atom A _____	Bantam AA _____
Atom AA _____	Midget B _____
Peewee A _____	Midget A _____
Peewee AA _____	Midget AA _____

Certification / Training *NCCP (National Coaching Certification Program)

⇒ Include: Certificate #'s, Year Completed and Location

Speak Out (mandatory for ALL Levels) _____
 Initiation Program _____
 Coach Stream _____
 Developmental 1 _____
 Developmental 2 _____
 High Performance _____
 HCSP (safety) _____
 Trainer's course _____
 Other _____

Current Criminal Reference Check (Incl. Vulnerable Person Check): YES NO

Coaching References

Name: _____
 Position: _____ Phone: _____

Name: _____
 Position: _____ Phone: _____

Hockey Coaching Experience (List in order, starting with the most recent)

Year, Association and Team Name, Age Group, Position

Other Sports

Year, Association and Team Name, Age Group, Position

Briefly describe your Coaching Philosophy

Briefly describe your Season Plan

Please include your goals for the team, overall player development, your thoughts on rules and discipline and any other pertinent information.

ASSISTANT COACH:

Name: _____
Address: _____ Postal Code _____
Phone: Home _____ Work _____ Cell _____ Fax _____
Email Address: _____
Employer: _____ Occupation: _____

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Developmental 2 _____
High Performance _____
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Trainer's course _____
Other _____
Current Criminal Reference Check (Incl. Vulnerable Person Check): YES NO

ASSISTANT COACH:

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Other _____
Current Criminal Reference Check (Incl. Vulnerable Person Check): YES NO